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NOTICE TO REGISTRARS.

New Numbers for Certificates.—Local Registrars are reminded of the provision of Section 9 of the death registration law requiring them to number original certificates “in consecutive order, beginning with number one for the first death in each calendar year.” After transmitting to the State Registrar certificates for deaths to December 31, 1906, including certificates received by County Record-ers from their subregistrars for deaths to the end of the year, each Local Registrar should start a new series of numbers by putting the figure 1 on the first certificate for a death in 1907 filed with him or received from a subregistrar in January.

Since the death certificates are copied for statistical tabulations made by the Federal Census Bureau, it is desirable that the certifi-cates for each calendar year be kept quite separate in numbering, as specifically required by our State law.

The same requirement as to the starting of new series of numbers in 1907, of course, applies also to the numbering of certificates of births and marriages in the order in which they are reported to Local Registrars.

VITAL STATISTICS FOR NOVEMBER.

Summary.—For November there were reported 1,839 living births; 2,585 deaths, inclusive of stillbirths; and 2,158 marriages. For an estimated State population of 1,882,846 in 1906, the November returns give the following annual rates: Births, 11.7; deaths, 16.5; and marriages, 13.8, per 1,000 inhabitants.

In November diseases of the circulatory system, instead of tuberculosis as usual, caused the largest number of deaths, though tuberculosis was a close second, with pneumonia third. Typhoid fever, as before, was the most fatal epidemic disease in the State.

Causes of Death.—The following table gives the number of deaths due to certain principal causes in November, as well as the proportion from each cause per 1,000 total deaths for both November and October:

Cause of Death.	Deaths: November.	Proportion per 1,000.	
		November.	October.
ALL CAUSES.....	2,585	1,000.0	1,000.0
Typhoid fever.....	115	44.5	44.1
Malarial fever.....	12	4.6	5.6
Measles.....	12	4.6	2.3
Scarlet fever.....	1	0.4	0.9
Whooping-cough.....	5	1.9	2.8
Diphtheria and croup.....	34	13.2	8.4
Influenza.....	5	1.9	2.3
Other epidemic diseases.....	9	3.5	3.8
Tuberculosis of lungs.....	293	113.4	118.1
Tuberculosis of other organs.....	49	19.0	17.3
Cancer.....	129	49.9	59.5
Other general diseases.....	92	35.6	38.0
Meningitis.....	34	13.2	12.2
Other diseases of nervous system.....	218	84.3	76.9
Diseases of circulatory system.....	355	137.3	120.9
Pneumonia and broncho-pneumonia.....	249	96.3	77.8
Other diseases of respiratory system.....	70	27.1	19.2
Diarrhea and enteritis, under 2 years.....	90	34.8	42.2
Diarrhea and enteritis, 2 years and over.....	25	9.7	14.1
Other diseases of digestive system.....	105	40.6	56.2
Bright's disease and nephritis.....	136	52.6	56.2
Childbirth.....	25	9.7	8.9
Early infancy.....	93	36.0	41.2
Suicide.....	30	11.6	17.3
Other violence.....	203	78.5	84.4
All other causes.....	196	75.8	69.4

Diseases of the circulatory system (heart disease, etc.) caused 355 deaths, or 13.7 per cent of all, in November, against 342, or 13.2 per cent, for all forms of tuberculosis, which is usually the leading cause of death in California. The total is next highest, 249, or 9.6 per cent, for pneumonia and broncho-pneumonia.

Typhoid fever caused 115 deaths in the month against 34 for diphtheria and croup, 12 each for malarial fever and measles, and only 20 for all other epidemic diseases.

STATISTICS OF DEATHS: 1905-1906.

(Continued from Monthly Bulletin for September.)

Summary of deaths by Sex, Race, Nativity, and Age.—Of the 27,026 deaths in 1905-1906, 16,681, or 61.7 per cent, were male and 10,345, or 38.3 per cent, were female. The per cent male is highest for the interior counties of Northern California, and is lowest for Los Angeles.

The white decedents numbered 25,463, or 94.2 per cent of all, while the Chinese were 731, the negroes 400, the Japanese 319, and the Indians 113.

The per cent white is highest for the six counties of Southern California other than Los Angeles and is lowest for the interior counties of Central California.

The per cents Chinese and Japanese are highest for the interior counties of Central California. The per cent negro is highest for Los Angeles, and the per cent Indian is highest for the coast counties of Northern California.

Of the white decedents, 8,993, or 35.3 per cent, were born in other states than California; 8,155, or 32.0 per cent, were foreign born; 7,193, or 28.3 per cent, were born in California; and 1,122, or 4.4 per cent, were of unknown nativity.

The per cent born in California is highest for San Francisco and the other bay counties, and is lowest for Los Angeles. Conversely, the per cent born in other states is highest for Los Angeles and the other counties south of Tehachapi, but is lowest for San Francisco. The per cent foreign born, however, is highest for the metropolis and lowest for Southern California outside Los Angeles.

The deaths by age periods were as follows: 15 to 64 years, or the "productive ages," 14,213 or 52.6 per cent; 65 years and over, or old age, 7,324 or 27.1 per cent; under 1 year, or early infancy, 2,953 or 10.9 per cent; 1 to 4 years, or childhood, 1,212 or 4.5 per cent; 5 to 14 years, or youth, 891 or 3.3 per cent; and age unknown, 433 or 1.6 per cent.

The per cent of deaths in early infancy is highest for the bay counties other than San Francisco and next for the metropolis itself.

The per cent of deaths in childhood is highest for the six counties of Southern California other than Los Angeles.

The per cent of deaths in youth is highest for Los Angeles and for both the coast and interior counties of Northern California.

The per cent of deaths at the productive ages is highest for Los Angeles and next for San Francisco.

The per cent of deaths at old age is highest for the interior and coast counties of Northern California.

The extended discussion, with statistical tables, from which the above summary was drawn may be found in the Nineteenth Biennial Report of the State Board of Health.

INSTITUTIONAL TREATMENT OF TUBERCULOSIS.

The Anti-Tuberculosis League held its fifth annual meeting in Los Angeles on the evening of December 4. There was a good attendance and reports were received from the following institutions: The Settle-

ment, Redlands; The Health Camp, Pasadena; The Helping Station and Barlow Sanitarium, in Los Angeles. These institutions are all charitable and are dedicated entirely to the relief of those suffering with tuberculosis.

The Helping Station is a clinic at which patients are examined, treatment instituted, and a nurse sent to the house, giving advice and instructions relating to the use of air, light, and food, destruction of the sputa, and the general hygienic conditions. Other members of the family are examined, and oftentimes are found infected when the party or the friends had no idea of such a condition. This getting in touch with cases early, before the disease has made great inroads on the strength and tissues of the persons, gives the greatest chance for cure. It is possible for patients to recover even if the disease has existed long and considerable destruction taken place, but the chances decrease rapidly as the cases progress without care, constantly reinfecting themselves with their own poisonous products and living and eating in a manner most conducive to the advancement of the disease. If we hope ever to stamp out the disease from our State, or even make any great headway in that direction, we must get at the early cases, and the Helping Station, which should exist in every city and town in the State, is a valuable factor in the effort. The expense is not great. No elaborate and expensive buildings are needed, but help and medicine must be paid for. Physicians will oftentimes gladly donate their services, but it is unfair for the community to lay the whole burden upon them. In the long run, it will save any city or county money to support by public tax these stations. It is the poor that must be reached. Let any one go to a public hospital and he would be impressed with the number sustained at public expense, suffering from tuberculosis. Had they been taken in season, through the aid of the Helping Station, they would be self-supporting, if not taxpayers.

The Settlement at Redlands is supported by charity, together with a monthly donation from the County Supervisors of San Bernardino County and the city government of Redlands. In making this payment from the public funds, the officers show themselves to be capable of grasping a situation and a willingness to serve their constituents in the most effective way.

The Health Camp at Pasadena has just been established, and is meeting with unfortunate opposition from some portions of the city. They fear that its presence will be a menace to public health, whereas the facts prove that it is a great protection.

In all these institutions strict rules are laid down and enforced. No one is allowed to expectorate upon the ground, under pain of expulsion. All sputa are collected in cups and burned twice a day, as are the cloths which become soiled with the discharges. Cleanliness is enforced and there is really less danger of infection inside the camp than on the streets of a city. If these same patients were left to go their way as best they could, each one would be a focus of disease, infecting their rooms, the streets, restaurants, every door knob they touch, and the money they may chance to handle. Better have them collected where they will be under close care and taught to so dispose of their poisonous sputa as to make themselves harmless members of society.

The Barlow Sanitarium, in the city of Los Angeles, is delightfully situated and well organized. The expense of this, as of the others, is

about \$10 per week per patient for maintenance. This does not include interest on investment, as it is a charitable institution and no profit desired. In order to give the advantages of the institution to as many as possible, those going there are expected to pay one half the expense toward their maintenance, the institution donating the other half, otherwise only half as many could be treated.

It is a sad commentary on the city and county officials of Los Angeles that they do not follow the example of San Bernardino County and Redlands and help in the support of this sanitarium. Some, at least, of the patients there, must inevitably have become charges upon the public, had they not been taken to the sanitarium, and presuming, as we have the right, that such charges are well fed and cared for, their expense would have been at least \$200 per year, with little or no chance of cure. If the city or county paid only this small amount it would help, but it would be economy on their part to pay the one half for the support of all the institution could take, of those who can not pay for themselves. This is true of every city, and if these sanitariums were scattered all over the State, supported in part or entirely by the local governments, instead of 15.5 per cent of all deaths being from tuberculosis, it could be brought down to a very much lower figure, saving many valuable lives to the State. Surely if inhabitants are worth seeking they are worth saving.

This league has done and is still doing great good in the way of educating the people about tuberculosis, and it is largely on education among the people that we must depend if we expect to make much headway in combating the disease.

Every county in the State should have such a league and a delegate from each should form a central league. Then, with a minimum of expense, a maximum amount of good could be done. Literature could be distributed, lectures delivered, helping stations and sanitariums established, and it is not too much to believe that eventually a death from tuberculosis would be an uncommon occurrence.

MEETINGS OF HEALTH OFFICERS.

The health officers of Southern California met in Los Angeles December 6 and took the preliminary steps to form a Health Officers' Association. There was a large representation from all parts of the State south of the Tehachapi, and much interest and enthusiasm shown. A committee has the matter of organization in hand and an early meeting will be called and full preparations made for a session in conjunction with the next meeting of the Medical Society of Southern California.

Every health officer, member of a board of health, and any others interested in sanitation should become active and interested members of this association. Prevention of disease is the order of the day, and there is no one but can and should do a share, and they can do more effective work and aid and encourage others better in this way than in any other.

The Central California Health Officers' Association met in their second semi-annual conference in Stockton, December 10. There was

a good attendance from the different parts of the large district represented, and interesting papers and discussions enjoyed.

The subject of disinfection was ably and instructively treated in a paper by the President of the Association, Dr. W. S. Fowler, Health Officer of Kern County. He defined disinfection and insisted that there was no such thing as partial disinfection. That a thing was disinfected only when all disease germs were destroyed. If any were left living, disinfection had not been done. He discussed fully the evil resulting from depending upon terminal disinfection entirely. While not advocating the abandonment of disinfection at the end of disease, he showed that the destruction of the pathogenic germ in the various discharges of the body, throughout the course of the disease, was of equal or more importance. Also, that the danger from unrecovered cases and those not sick enough to require care was vastly more than from infected things.

Vaccination and the dangers resulting from its neglect were also discussed, the feeling being unanimous that if vaccination is neglected we will return to the time when smallpox was as prevalent and deadly as it was before that treatment robbed it of its horrors. The last United States Public Health Report gives the number of deaths from smallpox in California as 11, from June 29 to December 7, and in all the other states together 21. No State is so poorly vaccinated, and in none is there so much opposition to that proceeding. It may take a severe epidemic to bring some to the realizing sense of its utility. Meanwhile we furnish half as many victims to smallpox as all the other states.

It was decided that the meetings would be more effective and be attended by a greater number if held at the same time and place as the San Joaquin Valley Medical Society.

The Association passed a resolution favoring an appropriation of \$2,000 by the State Legislature to be used in supporting Health Officers' Associations and in reporting and distributing their work. This is of the greatest importance, for valuable papers are read and the discussions bring out much that is of interest and use to all those interested in sanitation. The State Board of Health is in constant receipt of requests for these reports, but not having any funds from which it can pay for reporting or printing them, they can not be furnished, and much good material is lost.

STOPPING AN EPIDEMIC.

Dr. Ewer, Health Officer of Oakland, has taken effective means to eradicate diphtheria from the Grant School in that city. For some time the disease had been more or less prevalent. Thorough disinfection did not prevent, so cultures were made from the throats of the 800 pupils and teachers and about 25 per cent found infected. Most were unattended by any severe symptom, but the fact that the germ developed in a culture media proved that they were virulent and would spread the disease. Each one found infected will be refused admittance until examination proves freedom from disease. This is a sure and effective way of stopping an epidemic.

TYPHOID FROM OTHER CAUSES THAN WATER.

The backwardness of health departments in protecting city milk supplies from infection by typhoid fever is illustrated by the fact that the city of Denver, Colo., has only within a few weeks passed an ordinance designed to compel dairymen to sterilize their utensils before using them. What other health protective features the ordinance contains, if any, we can not state, but it should strike at the root of the matter by prohibiting the use of impure water for washing milk pails, cans, or bottles. In fact, every city should exclude from delivery or sale within its limits any milk from a dairy farm whose water supply is not above suspicion. At Denver the water company has been bitterly attacked of late on account of the prevalence of typhoid in the city, it being alleged that the responsibility for the disease rested with the company. Without presuming to pass on this contention we do emphatically assert that the time has come for health departments and the public generally to look well to other causes than water for the spread of typhoid. To this end, water departments must, in many cities, insist on the reorganization of health departments and on ample appropriations for health board work. The readers of *Engineering News* could aid greatly in these reforms in their respective localities by lending their influence and intelligence to all movements that will increase the efficiency of general health protective work. One of the most important means to this end is the appointment of well-trained, well-paid, permanent health officers, who give their whole time and energy to the work.—*M. N. Baker, in Engineering News, Nov. 22, 1906.*

The Massachusetts Bulletin for October gives a very interesting and complete investigation of an epidemic of typhoid fever which occurred simultaneously in three centers of population. The outbreak was explosive, and of the 112 cases, 83 per cent received milk from one dairy or from a milk dealer who received part of his supply from that dairy. It was found that shortly before the outbreak a case of typhoid fever had occurred there in one of the employés. The evidence is strong enough to warrant the conclusion that the milk from this dairy caused the epidemic.

PURE FOOD LAW.

For the past twelve months probably no question has been more prominently before the people of this country than that of pure food, and certainly none is of more importance.

It is impossible to tell, with any degree of correctness, the number of deaths caused by the use of impure foods, but, considering their effect in lessening vitality and nutrition, the number must be great, and far in excess of the no small number who die directly from the effects of eating such food.

The greater prevalence, at the present time, of tuberculosis and other diseases which require for their development a low degree of resisting power on the part of the person afflicted, can no doubt be traced to a certain extent to the impure and adulterated food consumed. Without the

proper elimination of the wastes of the body and assimilation of nutrition to take its place, no person can be in health; and these functions will not go on in an efficient manner under the influence of improperly preserved or prepared food.

The National Pure Food Law, which was passed at the last session of Congress, is recognized as a great step in advance, but without proper State laws to supplement it the full benefit will not be realized. The national law is operative only when it concerns interstate trade and gives us no protection from impure home productions.

To cover this, the State Board of Health has had a Pure Food Bill prepared to be presented to the coming Legislature, which will be in perfect harmony with the national law. Such harmony is absolutely necessary, for otherwise there will be a constant conflict, and an honest dealer would be to a great disadvantage.

Give us a State Pure Food Law, but by all means have it harmonious with the national law.

HEALTH AND CLEAN STREETS.

If there is one lesson which the medical knowledge of the last quarter century has made plain, it is the value of cleanliness.

The possibilities of aseptic surgery, the successful treatment of consumption, the conquering of yellow fever and malaria and cholera and the bubonic plague, are all results of what, broadly speaking, may be called the discovery that health is cleanliness. For one form of cleanliness is the purging of the places in which pestilential insects breed.

One of the latest indications that the public is beginning to appreciate the importance of this knowledge is the growing dissatisfaction with dirty streets and littered yards wherever they exist, and a growing tendency to clean them.

Denver is making capital—and honest capital it is—from the excellence of the street-cleaning department, and the hearty coöperation which its citizens give it. American visitors to Paris, and to many other European cities, notably those of Germany and Switzerland, are impressed by the care and thoroughness with which the streets are cleaned. Some Americans, indeed, have had the impression “borne in upon them” by policemen who have seen them drop torn paper in the streets, and compelled them to gather up the pieces again.

That, after all, is the nub of the matter. It is not alone that municipal street-cleaning departments are often inefficient; littered streets are frequently due to lack of public interest and coöperation. Only carelessness or ignorance would permit the pedestrian to throw the empty paper bag or the banana peel into the nearest gutter, or allow the housemaid to sweep into the street the dust and litter she gathers from the front rooms and the hall and steps. Yet both of these things can be seen hundreds of times a day in every large city.

What is most needed is greater care on the part of the individual. He should have civic pride enough to refrain from throwing newspapers or other rubbish into the streets or leaving it where it will be blown about. When he sweeps his sidewalk, he must remove or destroy the dirt, not merely brush it out of his own way. In other words, he should carry some of his indoor manners with him when he goes outdoors.—*Youth's Companion*.